

NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
ATTACHMENT 2.2 - REPORT OF NUMBER OF COVERED LIVES

PAYOR NAME _____ FEDERAL TAX ID# _____

TPA NAME (if applicable) _____ TPA FEDERAL TAX ID# _____

I. Enter the total number of covered lives, before apportionment, for the month of June of the year prior to the assessment year.

	COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(A)	# INDIVIDUALS								
(B)	# FAMILY UNITS								

II. Of the total number of covered lives reported above, enter the number of covered lives subject to apportionment between/among insurers for the month of June of the year prior to the assessment year, the percentage of assessment cost which you will be paying on the number of apportioned lives, and the resultant product.

	APPORTIONMENT OF COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(C)	# INDIVIDUALS SUBJECT TO APPORTIONMENT								
(D)	APPORTIONMENT PERCENTAGE								
(E)	APPORTIONED # OF INDIVIDUAL COVERED LIVES (C x D)								
(F)	# FAMILY UNITS SUBJECT TO APPORTIONMENT								
(G)	APPORTIONMENT PERCENTAGE								
(H)	APPORTIONED # OF FAMILY UNITS COVERED LIVES (F x G)								

III. Enter the net number of covered lives (to the nearest tenth) after apportionment and before prior period adjustments.

	NET COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(I)	# INDIVIDUALS (A-C)+E								
(J)	# FAMILY (B-F)+H								